

# Letter of Intent

*"A person's every act begins with a dream and ends with one."*  
THEODOR HERZL

In keeping with Jewish tradition, I/we wish to share my/our blessings with others. Therefore, I/we make this declaration of commitment to help provide for the needs of tomorrow.

- I/we have already made a legacy provision in my/our estate plan.**
- I/we intend to create a legacy within 6 / 9 / 12 months of signing this declaration.** (circle one)

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please identify the vehicle(s) through which you have or plan to create your legacy gift (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Gift in Will   | <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Charitable Remainder Trust                      |
| <input type="checkbox"/> Gift in Trust  | <input type="checkbox"/> Retirement Assets  | <input type="checkbox"/> Assets: Real Estate, Securities, other property |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Cash               | <input type="checkbox"/> Other (please specify) _____                    |

**The approximate value of my/our commitment will be \$ \_\_\_\_\_ or \_\_\_\_\_ %.**  
**I/we understand that this legacy gift will be placed in a permanent Endowment fund by the organization(s) selected.**

The following named organizations are participating in the LIFE & LEGACY program. They have made a commitment to work and learn together as part of the formal program offered by TOP.

Please check the organization(s) that will benefit from your legacy gift.

- |  |  |
|--|--|
| <input type="checkbox"/> Beth Israel, the Jewish Congregation of Sun City Center | <input type="checkbox"/> Hillels of the Florida Suncoast           |
| <input type="checkbox"/> Congregation Beth Am                                    | <input type="checkbox"/> Tampa Jewish Community Centers/Federation |
| <input type="checkbox"/> Congregation Kol Ami                                    | <input type="checkbox"/> Tampa Jewish Family Services              |
| <input type="checkbox"/> Congregation Rodeph Sholom                              | <input type="checkbox"/> University of Florida Hillel              |
| <input type="checkbox"/> Hillel Academy of Tampa                                 | <input type="checkbox"/> Other (please specify) _____              |
|  | <input type="checkbox"/> Other (please specify) _____              |

To encourage others to make a commitment to the future, I/we permit my/our name(s) to be listed with other donors. Name(s) as it is to be printed in listing: \_\_\_\_\_

I/we wish to remain anonymous at this time.